

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-013485

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 19 1962

VS 300  
Rev. 4/59

1 4000

2 0951

3

4 0

5 1

6

7 6

8 2

9 491X

10

11

12 48.0

13

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

## 1. PLACE OF DEATH

a. COUNTY

ST. LOUIS

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN JEFFERSON BARRACKS, MO.

Length of stay in 1b  
30 DAYS

c. FULL NAME OF HOSPITAL OR INSTITUTION  
VETERANS ADMINISTRATION  
HOSPITAL

Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

STE. GENEVIEVE

c. CITY OR TOWN

STE. GENEVIEVE

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

224 South Front Street

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED (Type or print)

First

Middle

Last

FRED

R.

GRAF

## 4. DATE OF DEATH

Month

Day

Year

3-7-62

## 5. SEX

MALE

## 6. COLOR OR RACE

WHITE

## 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

4-16-88

## 9. AGE (last birthday)

73

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARM LABORER

## 10b. KIND OF BUSINESS OR INDUSTRY

FARMING

## 11. BIRTHPLACE (City and state or country)

ST. MARYS, MISSOURI

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

SIMON GRAF

## 13b. MOTHER'S MAIDEN NAME

MARY FITZKAM

## 14. NAME OF HUSBAND OR WIFE

EVELINE GRAF

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

YES

WW-I

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mo.

1. LINE GRAF, 224 S. Front St. St. Genevieve

## 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

BRONCHOPNEUMONIA

## INTERVAL BETWEEN ONSET AND DEATH

8 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

ARTERIOSCLEROTIC HEART DISEASE

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes

☐ No

☐ Unknown

## 19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

VA attended the deceased from 2-5-62 to 3-7-62 and

Death occurred at 3:10 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

CASIMIR MOGENIS, M.D.

## 22b. ADDRESS

VA HOSP. JEFF. BRKS. MO.

## 22c. DATE SIGNED

3-7-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

3-8-62

## 23c. NAME OF CEMETERY OR CREMATORY

Local

## 23d. LOCATION (City, town, or county)

St. Genevieve, Mo.

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Stanton Funeral Home, Ste. Genevieve, Mo.

## 25. DATE RECD. BY LOCAL REG.

3-8-62

## 26. REGISTRAR'S SIGNATURE

John B. Murphy M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

MAR 23 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.